Harm Reduction In-Service

Los Angeles Department of Health Services (DHS)
Quarantine and Isolation (QI) Medical Shelters

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Purpose

1) Outline the management of harm reduction to keep clients at or near baseline consumption and avoid an early exit or emergency room visit due to withdrawal or other substance use or characterological complications
2) Ensure all staff are familiar with harm reduction principles/ practices and understand how to apply them in the care of clients during QI

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Policy

All staff must understand and apply the concepts of harm reduction as specified in the Housing for Health Harm Reduction Position Statement while caring for clients at the QI Medical Shelter with the understanding that any person who reduces or discontinues consumption after chronic use is at risk behavioral complications

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Scope

- Applies to all County employees and contracted management, clinical and non-clinical staff involved with management of supplies, client assessments, or delivery of materials to individuals in quarantine status
- Applies to individuals or clients who are in a County QI Medical Shelter who choose to continue consumption during their stay after reviewing the risks with QI staff

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Scope

- In-service will cover policies and procedures for:
  - Cannabis
  - Alcohol (ETOH)
  - Opiates
  - Stimulants

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Harm Reduction: Screening

- Medical intake for all harm reduction will include:
  - Substance use/consumption assessment to identify persons at risk of negative psychological impacts or behavioral changes due to consumption
  - Assess if client is currently using other substances or in a substance use disorder treatment program

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Cannabis – Screening

- Questions to ask during intake:
  - Do you currently use alcohol, marijuana or other substances? If so, what kind? How much? How often?
  - What happens when you do not smoke marijuana? Do you use marijuana to self-medicate for anxiety or other psychological concerns?
  - Are you currently in a residential or outpatient treatment program for substance use?

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Cannabis – Screening

- If a client is not in a program but is open to cessation, resources and on-site support will be made available before offering MAT or other harm reduction supplies
- If a Provider deems Cannabis cessation poses a risk of adverse medical or psychological affects and client declines alternative supportive measures, the Provider will prescribe appropriate cannabis allotment

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Cannabis – Dispensing Guidelines

- General serving provisions
  - Cannabis products can be provided to clients 18 and older who have a valid pre-existing prescription. 21+ do not need prior Rx
  - Consumption on-site only
  - Deliver the product(s) directly to the client
  - Provider must document reason for any Cannabis allotment changes
  - All dispensed Cannabis must be documented in the client's MAR by end of shift

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Cannabis – Dispensing Guidelines

- Considerations for clients enrolled in or referred by a SUD program include:
  - Supportive environment to help maintain recovery or sobriety
  - Measures to link clients to their counselor/program for additional support
  - Cannabis per this protocol (when other measures are not feasible/available)
  - Do not withhold Cannabis for the sole reason a client is actively engaged in a SUD program

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Cannabis – Dispensing Guidelines

Inhalable: Joint or Vape

Frequency Reported	Quantity Reported: Small Amt of Joint	Part of a Joint*	Whole Joint*	Vape** Lightly	Vape** Heavily
1x per day	1 joint / 3 days	1 joint / 2 days	1 joint / day	1 vape / 2 weeks	1 vape / 3 days
2-3x per day	1 joint / 2 days	1 joint / day	2 joints / day	1 vape / week	1 vape / 2 days
All day	A joint / day	2 joints / day	4 joints / day	1 vape / 2-3 days	1 vape / day

(adjust as needed to individual usage patterns)

*1 joint = approx. [illegible] mg
** 1 vape = 1 g

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Cannabis – Dispensing Guidelines

Edibles

Frequency Reported	Quantity Reported: Unsure of Dose	Low Dosage	Medium Dosage	High Dose*
1x per day	5 mg / day	10 mg / day	30 mg / day	60+ mg / day
2-3x per day	10 mg / day	20-30 mg / day	60-90 mg / day	120-180+ mg / day
All day		30+ mg / day	90+ mg / day	180+ mg/day

(adjust as needed to individual usage)

*Some people use 500-1000+ mg per dose

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Cannabis – Monitoring

- Clients using Cannabis or actively engaged in a SUD program may require more frequent wellness checks
- Consult RN and/or Provider if a client appears altered or presents with behavioral changes

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ETOH – Screening

- Questions to ask:
  - Do you currently drink alcohol?
  - How much and how often?
  - Have you ever had seizures or "DTs" upon stopping?
  - Have you had other withdrawal symptoms? What kind?
  - Are you currently in a residential or outpatient treatment program for substance use? Name and contact of program?
  - Are you willing to consider a detox/sobering protocol while in the QI Medical Shelter, including medications to prevent or minimize withdrawal symptoms if necessary?

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ETOH – Screening

- Questions to ask:
  - Moderate-high risk persons are current alcohol consumers PLUS one of the following:
    - Consumption of four or more standard drinks on most days
    - History of withdrawal seizures from benzodiazepines or alcohol
    - History of *Delirium Tremens*
    - Subjective report of experience of alcohol withdrawal symptoms
  - Low risk persons:
    - Absence of any withdrawal history
    - Consumes less than 4 standard drinks daily
  - If client is moderate-high risk and agrees to detox/sobering protocol, gabapentin or chlordiazepoxide will be prescribed appropriately

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ETOH – Screening

- Provider will order appropriate ETOH allotment and indicate their current SUD treatment program status if applicable:
  - Nursing to notify Community Partner
  - Community Partner logs patient name and alcohol limitations in their tracker
  - For guests at moderate to high risk of withdrawal, Provider shall estimate the client's baseline use, in standard drinks, in chart

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ETOH – Drink Definitions

- Standard drink definitions
  - 1 standard drink = 12-ounce beer = 9-ounce malt liquor = 5-ounce wine = 1.5-ounce (a "shot") distilled spirit
- Distilled spirits:
  - ½ pint of distilled spirits = 4.5 standard drinks
  - 1 pint of distilled spirits = 8.5 standard drinks
  - A "fifth" of distilled spirits = 17 standard drinks
- Wine
  - 1 table wine bottle = 5 standard drinks
  - 1 three liter wine box = 20 standard drinks

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ETOH – Serving

Self-reported daily consumption	Max Amount & Frequency	Daily limit*
1-3 standard drinks	1-2 standard drinks every 1 hour	3 drinks/day
4-6 standard drinks	2 standard drinks every 2-4 hours	6 drinks/day
7-10 standard drinks	3 standard drinks every 2-4 hours	10 drinks/day
11-15 standard drinks	3 standard drinks every 2-4 hours	15 drinks/day
16-20 standard drinks	4 standard drinks every 2-4 hours	20 drinks/day
>20 standard drinks	Rx at discretion of provider	

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ETOH – Monitoring

- Moderate-high risk clients/actively engaged in a SUD program may require more frequent wellness checks
- Consult RN and/or Provider if guest appears too intoxicated or presenting with other behavioral concern at any time
- RNs will use the alcohol intoxication scale to objectively support further action such as:
  - Performing additional safety assessment(s)
  - Withhold additional standard drinks for 1 or more hours
  - Increase frequency of wellness checks
  - Reduce total daily limits of alcohol (with consultation)

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ETOH – Monitoring

- If client complains of withdrawal discomfort or exhibits physical symptoms of alcohol withdrawal
  - Provide additional drinks (if limit has not been exceeded)
  - Contact RN to perform a withdrawal assessment using SAWS and provide additional standard drinks when necessary if limit is exceeded
  - Consult the Provider if a client exhibits withdrawal symptoms that may require additional medical or pharmacological support

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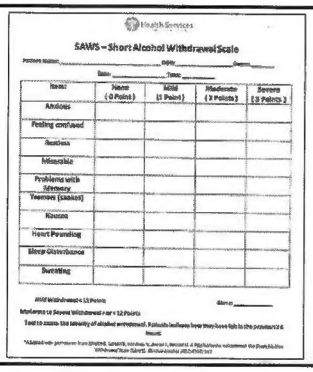

SAWS – Short Alcohol Withdrawal Scale

Items	None (0 Points)	Mild (1 Point)	Moderate (2 Points)	Severe (3 Points)
Anxious				
Feeling confused				
Restless				
Miserable				
Problems with Memory				
Tremors (Shakes)				
Nausea				
Heart Pounding				
Sleep Disturbance				
Sweating				

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ETOH – Documentation

- **Provider:** Prescribe ETOH (or other appropriate harm reduction measure)
- **Nursing staff:** Transcribe orders in MAR
- **Community Partner:** 1) maintain an alcohol delivery log; 2) document the date, time, and quantity of standard drinks distributed; 3) provide copies of alcohol delivery log to nursing staff at the end of each shift

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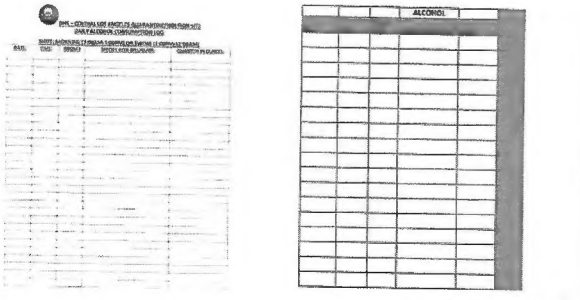

*Sample Alcohol Dispensing Logs

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Opiates – Screening

- Any person who reduces or discontinues consumption after chronic use is at risk for withdrawal symptoms. Any person who continues consumption is at risk for overdose or death.
- Medical intake will assess:
  - Consumption frequency
  - Risk of opiate withdrawal
  - Enrollment of SUD program
  - Willingness to undergo MAT protocol while at QI

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Opiates – Screening

Questions to ask client upon intake:

- What substances do you use?
- Are you willing to consider a detox / sobering protocol while at QI, including medications to prevent or minimize withdrawal symptoms and cravings if necessary?
- How frequently and what quantities do you use? When was your last use?
- What substances, and what quantities, do you have with you?
- Do you have safe use supplies with you?
- Do you feel comfortable sharing how you use drugs? (e.g., inject, smoke, snort, booty bump, etc.)

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Opiates – Screening

Questions to ask client upon intake (continued):

- Do you use any substances in combination with each other, including alcohol?
- Have you considered alternative modes of use? For example, if you normally inject would you be willing to try smoking instead?
- Have you ever overdosed? If yes, please share.
- Have you ever experienced opiate withdrawal? If yes, what were your symptoms?
- If you continue to use opiates while at QI, are you willing to create an Overdose Prevention Plan and consent to wellness checks?

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Opiates – Screening

- Questions to ask client upon intake (continued):
  - If you continue to use opiates while at QI, are you open to calling a friend / loved one / member of the medical staff and having them remain on the line with you while you use?
  - Are you currently in a residential or outpatient treatment program for substance use? Name and contact of program?
- If client agrees to detox/sobering protocol, buprenorphine/naloxone or buprenorphine will be prescribed.

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Opiates – Providing Safe Use Supplies

- General provisions:
  - Safe use/harm reduction supplies and/or medications for MAT will be ordered by the Provider
  - All clients actively using opiates will be provided Narcan and instructed on how to use it
  - Deliver the product(s) directly to the client
  - Clients will be provided with "Never Use Alone" information

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Opiates – Providing Safe Use Supplies

- Considerations for guests enrolled in or referred by a SUD program include:
  - Supportive environment to help maintain recovery or sobriety
  - Measures to link clients to their counselor/program for additional support
- Provide harm reduction/safe use supplies per this protocol (when other supportive measures are not feasible or available)

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Opiates – Monitoring

- Wellness checks will be conducted at a frequency determined and ordered by the Provider
- Consult RN/Provider if guest appears too intoxicated or presenting with other behavioral concern at any time
- Consult RN/Provider for any client with overdose or withdrawal symptoms that may require additional medical or pharmacological support

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Opiates – Documentation

- Provider will prescribe MAT and/or safe use supplies or harm reduction measures
- Nursing staff should transcribe orders in MAR where appropriate
- Clinical staff shall complete an Overdose Prevention Plan with client

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Opiates – Supply Management

- Clients who are unwilling to undergo MAT/insist on continuing to use unprescribed opiates during QI:
  - Are allowed to do so from their personal supply (must complete an Overdose Prevention Plan)
  - Must consent to frequent wellness checks on a schedule to be determined by the Provider
  - QI will not supply opiates other than Suboxone in the event the client runs out

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Appendix B – Department of Health Services
Housing for Health QI Site Opioid Withdrawal Standing Orders
On-Call Provider Consultation Line for SUD: 213-268-9090 (24/7)

[ ] Provider will check in with client over the phone for 24 hours for days 1-3
Opioid withdrawal does not require any structured assessment or testing to treat. If patient endorses opioid withdrawal, or opioid use, provide treatment buprenorphine-naloxone.

Day 1 of withdrawal: Buprenorphine-Naloxone (suboxone) 8mg-2mg 1 tab/film sublingual x 1. Repeat hourly, up to 4 times, or until self-reported withdrawal symptoms controlled.
Day 2: Give Buprenorphine-Naloxone 8mg-2mg 2tab/film sublingual daily. For first week, if reports additional symptoms of opioid withdrawal, give half tab/film (4mg – 1 mg q1h PRN).

If patient is not in withdrawal, already passed through withdrawal window, e.g., reports last use of opioids more than 5 days ago follow above dosing without PRN doses.

Call SUD MD on-call
- **If symptoms unresolved with max PRN dose (total of 32 mg buprenorphine in day)**
- **If client develops symptoms of severe opioid withdrawal**
- **If client endorses use of methadone within prior week.**

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Stimulants – Screening

- Any person who reduces or discontinues stimulant consumption after chronic use is at risk for stimulant withdrawal symptoms
- Any person who continues stimulant consumption is at risk for overdose or death
  - Medical intake will include a stimulant consumption assessment
- If a client is not in a program but is open to cessation, resources and on-site support will be made available

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Stimulants – Screening

- Questions to ask client upon intake:
  - What substances do you use?
  - How frequently and what quantities do you use? When was your last use?
  - What substances, and what quantities, do you have with you?
  - Do you have safe use supplies with you?

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Stimulants – Screening

- Questions to ask client upon intake:
  - Do you feel comfortable sharing how you use drugs? (e.g. inject, smoke, snort, booty bump, etc.)
  - Do you use any substances in combination with each other, including alcohol?
  - Have you considered alternative modes of use? For example, if you normally inject would you be willing to try smoking instead?
  - Have you ever overdosed? If yes, please share.
  - Have you ever experienced stimulant withdrawal? If yes, what were your symptoms?

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Stimulants – Screening

- Questions to ask client upon intake:
  - Have you ever experienced stimulant withdrawal? If yes, what were your symptoms?
  - If you continue to use stimulants while at QI, are you willing to create an Overdose Prevention Plan and consent to wellness checks?
  - If you continue to use stimulants while at QI, are you open to calling a friend/loved one/member of the medical staff and having them remain on the line with you while you use?
  - Are you currently in a residential or outpatient treatment program for substance use? Name and contact of program?

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Stimulants – Providing Safe Use Supplies

- General provisions:
  - Safe use/harm reduction supplies and/or medications for MAT will be ordered by the Provider
  - All clients actively using opiates will be provided Narcan and instructed on how to use it
  - Deliver the product(s) directly to the client
  - Clients will be provided with "Never Use Alone" information
- Unlike with OUD and AUD, there is not a currently approved or accepted protocol for stimulant use detoxification. Management is symptom based only.

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Stimulants – Monitoring

- Wellness checks will be conducted at a frequency determined and ordered by the Provider
  - Clinical staff will enter guest rooms using master keys if a client does not respond to wellness checks.
- Consult RN/Provider if guest appears too intoxicated or presenting with other behavioral concern at any time
- Consult RN/Provider for any client with overdose or withdrawal symptoms that may require additional medical or pharmacological support

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Stimulants – Documentation

- Provider will prescribe MAT and/or safe use supplies or harm reduction measures
- Nursing staff should transcribe orders in MAR where appropriate
- Clinical staff shall complete an Overdose Prevention Plan with client

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Stimulants – Supply Management

- Clients who are unwilling to undergo MAT/insist on continuing to use unprescribed stimulants during QI:
  - Are allowed to do so from their personal supply (must complete an Overdose Prevention Plan) although strongly discouraged since there is no real risk of withdrawal
  - Must consent to frequent wellness checks on a schedule to be determined by the Provider
  - Protocols for withdrawal/overdose will be followed when applicable

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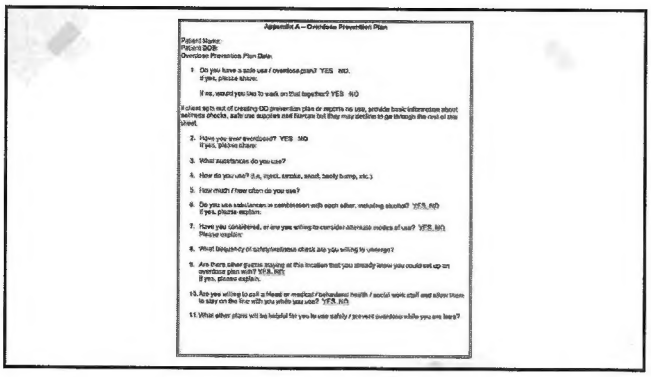

Appendix A – Overdose Prevention Plan

Patient Name:
Patient DOB:
Overdose Prevention Plan Date:

1. Do you have a safe use / overdose plan? YES NO.
   If yes, please share:

   If no, would you like to work on that together? YES NO

If client opts out of creating OD prevention plan or reports no use, provide basic information about wellness checks, safe use supplies and Narcan but they may decline to go through the rest of this sheet.

2. Have you ever overdosed? YES NO
   If yes, please share:
3. What substances do you use?
4. How do you use? (i.e, inject, smoke, snort, booty bump, etc.)
5. How much / how often do you use?
6. Do you use substances in combination with each other, including alcohol? YES NO
   If yes, please explain:
7. Have you considered, or are you willing to consider alternate modes of use? YES NO
   Please explain:
8. What frequency of safety/wellness check are you willing to consent?
9. Are there other guests staying at this location that you already know you could set up an overdose plan with? YES NO
   If yes, please explain.
10. Are you willing to call a Head or medical Parkadene health / social work staff and allow them to stay on the line with you while you use? YES NO
11. What other plans will be helpful for you to use safely / prevent overdose while you are here?

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Harm Reduction – Supply Management

- Harm reduction stock intended for patient use will be stored in a locked cabinet
- Stock is managed by Clinical staff
- Stock will include sharps containers, syringes, alcohol prep pads, sterile water, cookers, cotton balls, tourniquets, fentanyl test strips, and naloxone
- All clients actively using opiates will be provided with naloxone and instructed about its use

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Harm Reduction: Privacy

- Information about an individual guest request(s) for substances or substance consumption, or behaviors thereof, should be treated with the same level of integrity as patient health information

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Harm Reduction – Quarantine Exit

- All precautions shall be taken to avoid dangerous activities for clients on day of exit (e.g., driving, riding a bicycle)
- Staff cannot provide additional Cannabis/ETOH products to persons "to go" upon exiting quarantine for any reason
- Clients undergoing medically assisted treatment will be provided a take-home supply of medications per protocol

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Competency Check

- Complete the Harm Reduction competency check using this link: https://www.surveymonkey.com/r/9CK23X8
- A copy of all the Harm Reduction policy & procedures will be provided for assistance

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THANK YOU!

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Harm Reduction

(an Introduction and Housing for Health's Policy Statement)

Los Angeles Department of Health Services
(DHS) Quarantine and Isolation (QI) Medical Shelters

Purpose

- To ensure that all staff are familiar with Harm Reduction principles and practices and understand how to apply them in the care of clients at the DHS' QI Medical Shelters.

Definitions

- Harm Reduction strategies aim to reduce the harms associated with certain behaviors such as smoking, substance use, sex, treatment non-adherence, domestic violence, or other behaviors related to mental health or characterological disorders

Background

- Defined in the 1980s as an alternative to abstinence-only focused interventions for adults with Substance Use Disorder (SUD)
- Observed that:
  - Many people who used substances were not ready to stop
  - Could be counseled and supported in using in less harmful ways
- Harm Reduction principles are now widely applied in the delivery of trauma-informed, patient-centered care of individuals who engage in a variety of behaviors that may pose risk to themselves or others